

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>25636</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2005</b> Through: <b>12</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>Robert</b> <b>J</b> <b>Noto</b> P.O. Box, Bldg., Room No., if any Street <b>132 Starlite Street</b> City <b>South san Francisco</b> State <b>California</b> ZIP Code + 4 <b>94080</b>	4. Name, file number, and address of labor organization. Name <b>Operative Plasterers' &amp; Shophands Local 66</b> Labor Organization File Number <b>043143</b> P.O. Box, Building and Room Number, if any Street <b>150 Executive Park Blvd., Ste. 150</b> City <b>San Francisco</b> State <b>California</b> ZIP Code + 4 <b>94134</b>
5. Position in labor organization. <b>Recording Secretary</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount. 

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <b>Robert Noto</b>	On <b>5/10/2006</b> Date	<b>(650) 333-8960</b> Telephone Number

Name of Person Filing Robert Noto

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Operative Plasterers' Local Union #66 JATTF

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 132 Starlite Street

City South San Francisco

State California ZIP Code + 4 94080

## 9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

The Trust Fund named in Item 8 provides apprenticeship training for members of Local 66. Pursuant to the collective bargaining agreements in order to pay for such training, employers contributed \$.52 cents per hour for each hour worked by employees

## 11.b. Approximate dollar value of such dealing.

\$201,350

## 12.a. Nature of interest held or income received.

Wages paid for the position of Apprenticeship Coordinator for Bay Area Plastering Industry JATC. The job consists of scheduling classes, teaching, scheduling instructors, tracking class hours, outreach, handling of all communications of the JATC etc.

## 12.b. Amount.

\$59,135

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

**Form LM-30**  
**Labor Organization And**  
**Employee Report**

Name of Person Filing: Robert Noto

12.a. The amount listed in 11.b. is expenses for meals, beverages, taxis, tips for bellmen and maids and parking at the World of Concrete Trade Show on the dates of January 15 – 19, 2005 in Las Vegas, Nevada.

12.b. \$593.95

12.a. The amount listed in 11.b. is expenses for meals, beverages, taxis, tips for bellmen and maids and parking at the International Apprenticeship Competition Committee meetings on the dates of June 14 – 16, 2005 in Las Vegas, Nevada.

12.b. \$451.30

12.a. Daily out of pocket expenses for the months of January – August, 2005.

12.b. \$275.31